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## ON PREMISES LICENSE RENEWAL APPLICATION

BER: 013400024		CITY OR TOWN	BREWSTER
FOR RENEWAL:	Seasonal	LICEN	ISED FOR 2013
	CLASS		YEAR
MAIN STREET			
BREWSTER	STATE: MA	ZIP CODE:	02631
ΓSIAREAS, MARIA ΤΥ	YPE OF LICENSE:Re	staurant C	CATEGORY: All Alcohol
ESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
VITH PIZZA/SANDWICH FRANCES/EXITS ON W	H KITCHEN,SITDOWN EST SIDE OF BLDG. O		
and swear under penalti	es of perjury that:		
enewed license will be o	f the same type for the	e same premises nov	v licensed;
censee has complied wi	th all laws of the Com	monwealth relating	to taxes; and
remises are now open for	or business (If not expl	ain below)	
Individual, Partn	er or Authorized Corp	orate Officer	
ТЕLЕРНО	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
gned by the building i	nspector and the hea	d of the fire depart	tment for the above
<u>v:</u>		LOCAL LICEN	SING AUTHORITY
		By:	
expiain)			
	ME: BREWSTER PIZESS A BREWSTER PIZESS A BREWSTER PIZESS A BREWSTER PIZES A	FOR RENEWAL: Seasonal CLASS ME: BREWSTER PIZZA HOUSE LLC ESS A BREWSTER PIZZA HOUSE  MAIN STREET BREWSTER STATE: MA PSIAREAS, MARIA TYPE OF LICENSE:Re ESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E OF LICENSED PREMISES: WITH PIZZA/SANDWICH KITCHEN,SITDOWN PRANCES/EXITS ON WEST SIDE OF BLDG. OF AST SIDE, FOUR BATHROOMS. Und swear under penalties of perjury that: Enewed license will be of the same type for the crensee has complied with all laws of the Compremises are now open for business (If not explain the comprementation of the comprement	FOR RENEWAL: Seasonal LICENCLASS  ME: BREWSTER PIZZA HOUSE LLC ESS A BREWSTER PIZZA HOUSE  MAIN STREET  BREWSTER STATE: MA ZIP CODE:  TSIAREAS, MARIA TYPE OF LICENSE: Restaurant Comparison of the control of the contr

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 013400034		CITY OR TOWN BREWSTER	
APPLICATIO	N FOR RENEWAL	: Seasonal	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE N	AME: CAPE COD	NATIONAL GOLF CLUB,	, LLC	
DOING BUSI	NESS A CAPE CO	D NATIONAL GOLF CLUI	В	
ADDRESS 17	4 SOUTH ORLEAN	NS RD		
CITY/TOWN	: BREWSTER	STATE: MA	ZIP CODE: 02631	
MANAGER:	WALKER, MICHAEL S.	TYPE OF LICENSE: Clul	b CATEGORY: All Alcohol	
EMAIL ADD	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
SHOWERS,RE	STROOMS,LOBBY,D	DINING ROOM, KITCHEN, SE	NS AND WOWEN'S LOCKER ROOMS, PRVICE BAR AND 4 EXITS. BOTTOM AGE, 4 RESTROOMS AND 3 EXITS	
I hereby certif	y and swear under pe	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	same premises now licensed;	
2. the	licensee has compli	ed with all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now of	oen for business (If not expla	nin below)	
		· · · · · ·		
SIGNED BY				
SIGNED DI		Partner or Authorized Corpo	orate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	
			(Note: NOT Individual Social Security Number	
Acts of 2004,	, signed by the build	ling inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Bel	low:		LOCAL LICENSING AUTHORITY	
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:			-	
DATE:				

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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:013400037		CITY OR TOWN	BREWSTER
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	FISHACK CORPOR	ATION		
DOING BUSINESS	A J.T'S SEAFOOD R	ESTAURANT		
ADDRESS 2689 M	AIN ST			
CITY/TOWN: BR	EWSTER	STATE: MA	ZIP CODE:	02631
MANAGER: NO. S.	YES, GEORGE TYPE	OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS	
	LICENSED PREMISE			
	I, RESTROOMS AT REA AR, EXIT AT REAR OF AT REAR OF BLDG			
3. the prem SIGNED BY:	Individual, Partner o			
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the head	of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013400051		CITY OR TOWN	BREWSTE	ER
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: FULL CIRCLE C	ONCEPTS LLC			
DOING BUSINESS A EL GUAPOS TA	AQUERIA			
ADDRESS 239 UNDERPASS ROAD				
CITY/TOWN: BREWSTER	STATE: MA	ZIP CODE:	02631	
MANAGER: PARKER, KYLE TY	PE OF LICENSE: Rest	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREM				
CASUAL 35 SEAT MEXICAN RESTAURATOP TABLES INDOORSSHARED ENT			TABLES AN	D HIGH
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be of	f the same type for the	same premises now	licensed;	
2. the licensee has complied wit	th all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open fo	r business (If not expla	in below)		
SIGNED BY:		0.00		
Individual, Partne	er or Authorized Corpor	rate Officer		
DATE: TELEPHOL		EMPLOYEE		
TELEPHO!	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
		(Froter <u>Frot</u> mid	ividuai Sociai S	ceurity (vaniser)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire departs	ment for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		-		

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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	013400053	CH	Y OK TOWN BREWSTE	LK .
APPLICATION FOR F	RENEWAL:	Seasonal	LICENSED FOR 20	)13
		CLASS		YEAR
	BREAKWATER LOBSTE BREAKWATER FISH &		ET,INC.	
ADDRESS 235 UNDE	RPASS ROAS			
CITY/TOWN: BREW	STER STA	ATE: MA Z	ZIP CODE: 02631	
MANAGER: COLLL	AS, CURTIS TYPE OF L	ICENSE:Restaura	nt CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LIG	EASE ALSO VISIT OUR WEBSITE ANI	ENTER YOUR EMAIL AI	DDRESS	
A 4' FENCE W /GARE.B FENCED IN AREA. NO	EER & WINE WILL BE PUI ALCOHOL WILL BE SERV	RCHASED AT A SI ED INSIDE THE M	THAT WILL BE SURROUN ERVICE WINDOW LOCATE ARKET. THERE IS ONE MA ENT/EXIT FOR EMPLOYEE	D INSIDE AIN
• •	ear under penalties of perju	•		
	license will be of the same		=	
	has complied with all laws		•	
3. the premises	s are now open for business	s (If not explain be	elow)	
SIGNED BY:	Individual, Partner or Auth	orized Corporate (	Officer	
DATE:	TELEPHONE NUM	BER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Acts of 2004, signed b	y the building inspector a	and the head of tl	ificate required by Chapt ne fire department for the e required by Chapter 116	above
Please Check Below:		LC	OCAL LICENSING AUTHO	ORITY
APPROVED: DISAPPROVED:	]	Ву	:	
(If disapproved explain	)	_		
_		_		
		_		
DATE:				

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